


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 19, 2003 8:00 am
Secretary of State

06-19-2003 90044 017 ***150.00

DOCUMENT # P99000104360 1. Entity Name ROYAL YACHT CHARTER INC.	
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2. Principal Place of Business 341 ROYAL PLAZA DRIVE		3. Mailing Address 2400 EAST LAS OLAS BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 432	
City & State FT. LAUDERDALE		City & State FT. LAUDERDALE	
Zip 33301	Country U.S.A.	Zip 33301	Country USA

DO NOT WRITE IN THIS SPACE

<p align="center">DO NOT WRITE IN THIS SPACE</p>	4. FEI Number 65-0965607		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name JOHN CHILLINGWORTH Street Address (P.O. Box Number is Not Acceptable) 341 ROYAL PLAZA DRIVE City FT. LAUDERDALE FL Zip Code 33301		

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John Chillingworth* Resident. 17 June 2003.
Signature, type, printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
	PRESIDENT		
	JOHN CHILLINGWORTH		
	341 ROYAL PLAZA DRIVE		
	FT. LAUDERDALE FL 33301		
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Chillingworth* 17 June 2003.
 954 614 6101.

CR2E034B (12/02)